FILE NOW: Fee after May 1, will be $588.75

APPROVED AND FILED

97 APR 28 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 203.75	Annual Report $100.00 + $103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #** L96000000458

GRAMERCY PLANTATION, L.C.
212 FRANKLIN BLVD.
ST. GEORGE ISLAND FL 32328

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

212 FRANKLIN BLVD.
ST. GEORGE ISLAND FL 32328

2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

3. Date Organized or Qualified: 04/23/1996
3a. State of Formation: FL

4. FEI Number: 59-3379731 ☐ Applied For ☐ Not Applicable

5. Date of Last Report: N/A

6. Certificate of Status Desired ☐ (Fee Required)

7. Name and Address of Current Registered Agent

TUCKER, J. KENDRICK
106 E. COLLEGE AVE.
HIGHPOINT CENTER, SUITE 900
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

300002163153--8
-05/02/97-01051-003
****203.75 ****203.75

Suite, Apt. #, etc.

City | Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members, thereby accepting the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE 4/28/97
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KADIS, GERALD N	789 PINEY WOODS FARM	THOMASVILLE GA
MEM	KADIS, VIVIAN A	789 PINEY WOODS FARM	THOMASVILLE GA
MEM	JACOB, W.M.	PO BOX 1607	GRIFFIN GA
MEM	PANHANDLE TIRE DISTRIBUTORS, INC.	PO BOX 583	EASTPOINT, FL 32328
MEM	JACOB, THERESA L	PO BOX 1607	GRIFFIN GA
MEM	GUELTZOW, KATHY	2715 RIO DE JANEIRO AVE.	COOPER CITY, FL 33026
MEM	BILLY SCHULTZ, INC.	1195 ROTTENWOOD DR., #170	MARIETTA GA
MEM	GUELTZOW, GARY	2715 RIO DE JANEIRO AVE.	COOPER CITY, FL 33026
MEM	BOYD, DONALD L	159 SANDY BEACH RD.	LEESBURG GA
MEM	ALLEN, THOMAS EUGENE, III	ROUTE 1 BOX 25	SHELLMAN, GA 31786
MGRM	~~ANCHOR REALTY & MORTGAGE CO~~ FREEMANS, INC	212 FRANKLIN BLVD.	ST. GEORGE ISLAND, FL 32328
MEM	BACHRACH, JIM	601 N. MONROE	ALBANY, GA 31701
MEM	BUTZBAUGH, ELDEN W.	316 MAIN STREET	SAINT JOSEPH, MI 49085
MEM	CHEEK, THOMAS	750 WOOD DUCK COURT	ATLANTA, GA 30327

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ as President of Freemans, Inc. 4/24/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

INHSE10 R(12-96)